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Apr – Jun 2009 (Q3 FY09) Report

ACTIVITY SUMMARY	
Implementing Partner: ACCESS Nigeria	
Activity Name: Emergency Obstetric and Newborn Care in Northern Nigeria	
Activity Objective: Increased utilization of quality Emergency Obstetric and Newborn Care (EmONC) services (including birth spacing) by pregnant women, mothers and their newborns at selected LGAs, in three states, Kano, Katsina and Zamfara.	
USAID/Nigeria SO13: Increased use of child survival and reproductive health services	
Life of Activity (start and end dates): January 2006-December 2009	
Total Estimated Contract/Agreement Amount: \$ committed	
Obligations to date: \$ committed as of June 30, 2009	
Current Pipeline Amount: \$ as of June 30, 2009	
Actual Expenditures this Quarter: \$ April 1 - June 30, 2009	
Estimated Accruals as of June 30, 2009: \$	
Estimated Expenses Next Quarter: \$ July 1 – September 30, 2009	
Report Submitted by: Emmanuel Otolorin, COP Name and Title	Submission Date: 2009

Acronyms

ACCESS	Access to clinical and community maternal, neonatal and women's health services
AIDS	Acquired immune deficiency syndrome
AMTSL	Active Management of the Third Stage of Labor
ANC	Antenatal care
ASG	Anti-shock garment
BCS/SDM	Basic Counseling Strategy/Standard Days Method
CAC	Community Action Cycle
CDC	Center for Disease Control
CCG	Community Core Group
CHEWs	Community health extension workers
CM	Community Mobilization
CMT	Community Mobilization Team
COP	Chief of Party
CTU	Contraceptive technology update
CYP	Couple years of protection
DQA	Data Quality Assessment
EmONC	Emergency obstetric and newborn care
FGDs	Focus Group Discussions
FMOH	Federal Ministry of Health
FP	Family planning
FY	Fiscal year
HCT	HIV counseling and testing
HIV	Human immunodeficiency virus
HMIS	Health management information system
IP	Implementing partner
Jhpiego	Corporate name, no longer an acronym
LGA	Local Government Area
LOP	Life of Project
MEMS	Monitoring and Evaluation Management Services
MIP	Malaria in Pregnancy
MCHIP	Maternal and Child Health Integrated Program
MMD	Mata Masu Dubara
MNH	Maternal and Newborn Health
PHC	Primary health care
PMP	Performance management plan
PMTCT	Prevention of Mother to Child Transmission of HIV
PPH	Postpartum hemorrhage
SBM-R	Standards Based Management and Recognition
SMOH	State Ministry of Health
TMMD	Tallafi Mata Masu Dubara
TOT	Training of Trainers
USAID	United States Agency for International Development
ZAIHAP	Zamfara and Akwa Ibom HIV/AIDS Project

Narrative section

I. Background

ACCESS is a global program funded by USAID/Nigeria to focus on increasing the use of high quality Emergency Obstetric and Newborn Care (EmONC) services in Northern Nigeria, specifically Kano, Katsina and Zamfara States. ACCESS Nigeria's LOP objective and results will contribute to USAID's strategic objective 13, *Increased Use of Child Survival and Reproductive Health Services*. ACCESS aims to contribute to the reduction of maternal and neonatal mortality by achieving its life-of-project (LOP) objective, *Increased utilization of quality emergency obstetric and newborn care (EmONC) services by pregnant women, mothers and their newborns in selected LGAs in two states, Kano and Zamfara*.

II. Quarter 3 FY09 achievements

During this quarter, ACCESS completed the following activities:

1. BASIC COUNSELING STRATEGY AND STANDARD DAYS METHODS (BCS/SDM) TOT

Recognizing that family planning is a key ingredient for the reduction of maternal and neonatal morbidity and mortality in Northern Nigeria, ACCESS decided to reposition FP use in the region. One of the activities organized to do this is the adoption of Population Council's Basic Counselling Strategy (BCS). In addition, ACCESS also took the decision to introduce the Standard Days Method of birth spacing to widen the FP method mix in supported facilities. To this end, ACCESS organized a training-of-trainers (TOT) course for midwives, and participants were drawn from new ACCESS supported facilities.



Group photo of participants

The State RH/FP Coordinators in Kano, Katsina and Zamfara States also took part in the TOT. Sixteen (16) health care providers from the ACCESS supported facilities were trained as trainers. The two-day TOT took place at Murtala Mohammed Specialist Hospital, Kano. It aimed at increasing knowledge on the use of BCS, the use of BCS Cards and Standard Days Method for family planning counseling and services. Adult learning principles were used and the training methodology included illustrated lectures, discussions, brainstorming sessions, role plays, group work, demonstration and return demonstrations and clinical practice in the FP clinic.

Three trainers facilitated the TOT – Jhpiego Global Technical Advisor for FP (Holly Blanchard) and two ACCESS staff i.e. FP Coordinators for Zamfara and Kano States. At

the end of the training, participants drew up action plans with regards to the step down training they will be conducting immediately after their training so as to improve FP services at the various ACCESS supported facilities (see Section 9 of this report on the step-down trainings).

2. MALE BIRTH SPACING MOTIVATORS STEP DOWN TRAININGS

During the quarter, 5 male birth spacing motivators' trainings were conducted in Kano State. These were done following the TOT that was done last year. The main objective of the trainings was to impart the male volunteers with skills and knowledge on how to motivate men in their communities to support their wives to practice healthy timing and spacing of pregnancies. This was the first ACCESS male motivators step down trainings done after the training of trainers for CHEWS and participants were drawn from ACCESS supported



Participants at one of the training sessions

facility catchment communities in the 5 Local Government Areas. Activities started with a planning meeting held at the ACCESS Kano Field Office. The first training started the following day and lasted for five days. It was facilitated by the ACCESS Senior Program Manager along with ACCESS FP Co-ordinator, ACCESS Community Mobilization Officer and the trained Male motivators. Methodology used included discussions, illustrated lectures, presentations, demonstrations and return demonstration, group work, quiz, role plays, games, brain storming and self reflection. A total of 135 men were trained from the 5 LGAs. They are expected to commence work latest by the next quarter.

3. SCALE-UP OF KANGAROO MOTHER CARE (KMC) TO KATSINA STATE

During the quarter, a 3-day training was organized for health care providers working in ACCESS supported facilities in Katsina State. This followed the successful introduction of KMC in Kano and Zamfara States. The objectives of the training were to equip participants with knowledge and skills required to set up KMC centres and effectively manage Low Birth Weight (LBW) babies from birth up to the time of discharge from Kangaroo Mother Care. A total number of 19 health care providers attended from 10 ACCESS



Group photo of participants

supported facilities. The training was facilitated by the ACCESS Senior Program Manager, Kano ACCESS FP Coordinator, and one Resource Person from Murtala Mohammed Specialist Hospital, Kano. It ended with participants drawing up action plans for setting up KMC services in their various facilities.

4. ACCESS COMMUNITY ACTION CYCLE EVALUATION AND DOCUMENTATION

During the quarter, a CAC evaluation and documentation exercise was carried out. A consultant working with Save the Children US (Telesphore Kabore) came to Nigeria to facilitate the exercise. To date, ACCESS has strengthened the capacity of 17 LGA Community Mobilization Teams (CMTs), 37 Health facility CMTs and 45 Community Core Groups (CCGs) to plan, implement and monitor MNH services in Kano, Katsina, and Zamfara States. Strong linkage mechanism have been developed between the ACCESS supported health centres



Group discussion session in Kano

and catchment communities. These arrangements are essential to foster ownership of the program, promote sustainability and ensure delivery of services. Therefore, the purpose of the Community Action Cycle Evaluation exercise was to document and share the experiences and lessons learnt from the ACCESS Nigeria's community level interventions, the outcomes resulting from these interventions and the process followed to deliver such outcomes.

All the three ACCESS States were visited. A group discussion guide and check list designed by ACCESS partner, Save the Children, was used in conducting the interview sessions. Save the Children Technical Consultant pre-tested, reviewed and finalized the Evaluation tools with the ACCESS CMO before the exercise. Two LGAs were selected in each of the three States and one evaluation tool was administered in each LGA, making a total 6 used for the entire exercise. The Technical consultant from Save the Children and ACCESS CMOs anchored the various sessions and each discussion session lasted for 2-3 hours. Both group and Individual responses were recorded in the space provided in the CAC evaluation tools. After the completion of the visits, the Technical Consultant from Save the Children and the Kano ACCESS CMO returned to Kano and Abuja to commence analysis and preliminary documentation of data collected from the field visit. All Data collected were computed and assigned codes for analysis. While in Kano and Abuja, the Technical Consultant debriefed USAID and ACCESS Chief of Party based on his assessment of the evaluation exercise. A full report of the exercise is expected in the next quarter.

5. KANGAROO MOTHER CARE AND HOUSEHOLD COUNSELING DOCUMENTATION

During the quarter, a documentation of KMC and household counseling activities was carried out. A consultant from ACCESS partner, Save the Children, Dr Stella Abwao, was contracted to carry it out. The activities she conducted included discussions with the field staff on how KMC services and household counseling were introduced and expanded to clarify/identify process issues that were not available in existing documents, visits to all ACCESS program KMC facilities and review of the service system setup including linkages with the labour and postnatal wards, KMC-related service statistics as well as identifying best practices and challenges through interviews with facility staff. She travelled to the three States where she conducted interviews, observed counseling in practice and observed data collected. A comprehensive report of her findings would be available in the next quarter.



Dr Abwao with ACCESS and KMC ward Staff in Gusau

6. ACCESS PARTICIPATION IN JHPIEGO COUNTRY DIRECTORS AND FIELD REPRESENTATIVES MEETING

During the quarter, the annual meeting of country directors of Jhpiego world wide was held in Baltimore in June. However this year, field representatives were also invited to the meeting. The Country Director and the ACCESS Nigeria Senior Program Manager both attended. This year's meeting also coincided with Jhpiego's 35th year anniversary and it was celebrated as part of the week long affair. The theme of the meeting was "*Celebrating and Managing Growth*". ACCESS COP shared lessons learnt from the implementation of the program in Nigeria and also facilitated a few Mini-University sessions. Finally, issues related to the FY09 ACCESS Global close out activities and the transition to MCHIP program were thoroughly discussed.



Jhpiego CEO/President with Nigeria, Malawi & Liberia Staff

7. Capacity Building for the Integration of Malaria in Pregnancy Control into PMTCT activities.

During this reporting period, ACCESS worked with GHAIN to customize a training curriculum for the integration of malaria in pregnancy control into PMTCT programs.

Thereafter, 34 trainers (13 female, 21 male) from 12 selected GHAIN States were trained on MIP. The training objectives were as follows:

- To prepare skilled providers to educate and counsel women about how to prevent malaria in pregnancy
- To prepare skilled providers to administer appropriate intermittent preventive treatment (IPTp) to pregnant women
- To provide skilled providers with the knowledge necessary to recognize and treat uncomplicated malaria in pregnancy
- To provide skilled providers with the knowledge necessary to recognize and refer women with severe malaria in pregnancy.



Participants working in groups during the TOT

8. Staff Transitions

During the quarter and in anticipation of the ACCESS program close out, the Zamfara State Program Officer and the FP Coordinator resigned from their positions to pursue other job opportunities. Job advertisements to replace them as well as other positions on the CDC funded ZAIHAP project were placed in newspapers. A new State Program Officer for Zamfara has assumed duties. His name is Dr Shittu Abdu-Aguye. Also the Program Officer in Kano State was disengaged. Advertisement for a replacement has been placed in the newspapers and interviews have been scheduled the next quarter. Furthermore, ACCESS has embarked on a clarification exercise to all staff and partners to let them know that the program is migrating to the new MCHIP funding mechanism which is USAID's Global Flagship program for Maternal, Newborn and Child Health.

9. Monitoring and Evaluation related activities

During the quarter MEMS and USAID conducted Data Quality Assessment (DQA) exercise of ACCESS Project records by visiting two of the project's States, Kano and Zamfara. Seven facilities in the 2 States were visited for the assessment. The facilities assessed in Kano are Murtala Mohammed Specialist Hospital, Dambata General Hospital and Sheik Mohammed Jida Hospital while in Zamfara State, Women and Children Hospital, Gusau, Kaura Namoda General Hospital, Tsafe General Hospital and Shagari PHC were the facilities assessed.

The data verification exercise was aimed at tracking and auditing the data the project reported to USAID in the first quarter of FY09 and examine the record keeping formats in the health facilities. It was also aimed at assessing the reliability and validity of the data. ACCESS Senior M&E Officer from Abuja and Program staff from the two States participated in the assessment which was conducted in June, 2009.

10. State-based Activities

Kano

- i. **MIP Guidelines Dissemination Meeting.** Over the last 12 months, ACCESS has taken a few steps to further integrate malaria in pregnancy control into its EmONC programs. Hence, during this quarter, and in partnership with the NMCP, a one-day dissemination meeting on Malaria in Pregnancy (MIP) guidelines was held for stakeholders in Kano. The objectives of the meeting were: a) to disseminate the national strategies and guidelines for the implementation of malaria in pregnancy interventions in Kano State, b) to orient the policy makers within the State on issues relating to the control of malaria in pregnancy and c) to distribute copies of the National MIP Guidelines to all the LGAs within the State. Ninety six participants attended including the Honourable Commissioner for Health, Permanent Secretary, Director, PHC and DC, PHC Coordinators and Supervisors for Health from the 44 LGAs in the state, State Malaria and RH Programme Managers. The new anti-malaria treatment guidelines called for an immediate transfer of knowledge and skills in malaria treatment to service providers and stakeholders. The capacity of State/ LGA program managers was built to adapt National policies and transform same provisions into realistic programs.
- ii. **Standard Day Method/Balanced Counseling Strategy Step Down training** During the quarter, FP services in Kano State were strengthened through the training of 20 midwives on the use of the BCS counseling cards during clients counseling and to counsel women on SDM. Both services were highly appreciated by the participants. It is ACCESS' expectation that counselling for FP use will be stepped up over the next few months.
- iii. **TMMD Technical Support Visit to Kano by Care International Niger** – During the quarter, 2 Care International staff from Niger Republic - Malama Rabi Souley and Malama Hadiza Illia Mamane conducted a technical support visit to TMMD clubs in Dawakin Tofa Cikin Gari and Dawanau in



Care International facilitators in one of the TMMD clubs

Kano State. They appreciated the progress made with the 2 Kano TMMD clubs visited. Both Dawakin Tofa Cikin Gari and Dawanau TMMD had registered 40 members instead of the recommended 20-35. The visitors were satisfied with the amount of weekly contributions of ₦50 per member gathered in Dawakin Tofa after 19 meetings, totalling ₦39, 900 (\$275) and ₦100 per member gathered in Dawanau after 21 meetings totalling ₦94, 000 (\$648) .The executive officers of both TMMDs were guided and provided with further skills on how to carry out their roles in running the affairs of the clubs. The two staff then recommended that ACCESS trained TMMD facilitators should visit Niger Republic for additional practical training on modules 13, 14, 15, and 16.

- iv. **State Ministry of Health Meetings:** ACCESS staff attended two meetings at the Ministry of health with the acting Director of the Primary health Care Department and the Maternal and Child health Coordinator, to finalize the criteria for recognizing the high performing facilities in the ACCESS supported facilities as part of the SBM-R quality improvement approach. It was agreed that any facility that achieves 80% compliance with the set National EmONC standards should be recognized as a High Performing Site. The process for such recognition is as follows:

- Each facility will organize internal recognition events for units or departments that achieve 80% compliance with their thematic area set standards. Individuals that make such achievements possible should also be recognized.
- When all units in the facility have achieved 80% compliance, the Facility Management and Quality Improvement Team (QIT) will notify the SMOH and ACCESS that they are ready for an external assessment to validate this achievement.
- ACCESS and the SMOH will then conduct a joint external assessment.
- ACCESS and the SMOH will organize external recognition events for facilities that have achieved 80% overall compliance with the EmONC standards. The facility will be rewarded with a Centre of Excellence Plaque, Certificates of Achievement, media and public support in gathering to be chaired by H.E the Executive Governor or his representatives.
- ACCESS will leverage corporate social responsibility from major companies to provide material rewards for the facilities.

The second meeting with the SMOH was to finalize arrangement for the joint supportive supervision visits to ACCESS supported facilities. It was concluded that ACCESS would provide transportation for the visit.

A meeting was also held with the State FP Coordinator and Deliver representative to discuss the FP Commodities and stock out of Noristerat injection. The FP coordinator said that she had placed orders to the FMOH and was awaiting supply.

- v. **Translation of materials.** During the quarter, the translation team in Kano translated and edited some Maternal and Newborn Health posters into Hausa. These have since been printed and deployed.
- vi. **Renovation of facilities.** During the quarter, approval was obtained for the renovation of 2 facilities in Kano State. These are Sheikh Jiddah Hospital and Fagwalawa PHC. (Letter is attached in the annex).

Zamfara

- i. **Monthly Record Keeping Meetings.** As part of ongoing efforts to improve the quality of data collected in the State, ACCESS supported the monthly record keeping meetings during the quarter. The main purpose of the meetings is to provide technical assistance on data entry and record keeping as well as collecting and collating the data for the months from all the ACCESS supported facilities. Generally, the data reviewed showed that most entries were found to have been made properly and accurately. However, suggestions for improvement were highlighted.
- ii. **Visit of the Data Quality Assurance (DQA) Team from MEMS and USAID Mission to Zamfara state.** During the quarter, a DQA team visited Zamfara State for 2 days. The objective of the visit was to carry out Data Quality Assurance in ACCESS supported facilities. Registers and copies of monthly summary forms for activities in Family Planning (FP), Deliveries and Essential Newborn Care were looked at for the following indicators a) number of FP clients counselled, b) stock out of commodities, c) number of deliveries by skilled birth attendants and d) number of facilities delivering Family Planning Services. At the end of the exercise a courtesy visit led by the Jekadan of Gusau (Abdullahi Maiwada) who was a Member of the visiting DQA Team was paid to the Emir of Gusau who welcomed the team. He was briefed on the activities of ACCESS and ZAIHAP and he expressed his appreciation and support.
- iii. **Visit of the COP –** During the quarter, the ACCESS COP paid a formal visit to Zamfara State. There he met with the Honorable Commissioners of Health and Local Government & Chieftaincy Affairs, Permanent Secretary Ministry of Health, Primary Health Care Director Ministry of Health and Primary Health Care Director Ministry for Local Government at a meeting. He also met with the Executive Chairman and Directors of Zamfara State Health Services Management Board at another meeting. The main discussion points



The DQA Team at the Emir of Gusau's Palace

of the meetings were to give a summary report of ACCESS program in Nigeria with emphasis on Zamfara state and also to point out that because of evidence of progress on the project in ACCESS supported communities and health facilities, the ACCESS project will be migrating to a new project called MCHIP (Maternal Child Health Integrated Program). He informed them about the upcoming ACCESS external evaluation, the new FMOH midwifery service scheme (MSS) as well as the recognition criteria for our SBM-R quality improvement project.

The Honorable Commissioner for Local Government responded by saying that the visit was timely as some Commissioners and other top government officials recently went to Ghana to study how the PHC system was working and that they were impressed with what they saw. He noted the SG determination to replicate such programs in Zamfara State. In his response, The Honorable Commissioner for Health added that the Country Director is visiting at the right time and that His Excellency (The Governor) is working hard to eradicate poliomyelitis and maternal ill health and that is why they are working with stakeholders. He concluded by appreciating ACCESS for doing much to support Maternal and Neonatal health and hoped the support will continue beyond 2010. The Country Director thank them for their cooperation and noted that ACCESS household-to-hospital continuum of care project being implemented in Zamfara, Kano and Katsina State was very similar to what the team saw on their study trip to Ghana and hoped that all stakeholders will join hands to move the program forward in the State.

- iv. **Birth of a baby** - During the quarter, the ACCESS Community Mobilization Officer gave birth to a baby girl. Citing her experience, she was grateful to the ACCESS program that had trained the midwives in Kaura Namoda GH to perform newborn resuscitation. She noted that she went into premature labour at 37 weeks and that her baby had birth asphyxia but responded very well to the resuscitation services provided by ACCESS trained staff.

Katsina

- i. **CMT CAC Phases 4-6 Step-down Training** - As the Mai'adua LGA entered into the design and implementation phases of the community action cycle (CAC), it became necessary for the CMTs to be trained on how to step back and begin transferring more responsibilities and decision making to the CCGs. Prior to going through the remaining



Review of CAC Phases by participants

3 phases of the CAC (plan together, act together and evaluate together) the first day of the training was dedicated to an update on how the participants carried out the work plan developed during the first phase of the training. This work plan was related to preparing participants to mobilize, organize together and explore together phases of the CAC. The second phase of the training which lasted for 5 days focused at improving the skills of the community mobilization teams (CMT) in developing a planning team, how to supervise the implementation of the community action plan, and how to analyze CM results and make necessary changes. Nine (9) CMT members comprising 4 females and 5 males were trained on how to mobilize communities for health and social change using the translated Hausa version of the CAC field guide to roll out the Plan Together, Act Together and Evaluate Together phases. The training was facilitated in a very interactive and participatory way. Using interactive training techniques such as brainstorming small working groups, case studies and games, the participants were able to share experiences during the implementation of the initial three (3) phases of the CAC, learn from each other and make some decisions on how they were going to improve as they roll out the remaining (3) three phases of the CAC. The final days of the training were set aside for the Mai'adua CMT team developing its own work plan for the roll out of the remaining 4 phases of CAC.

- ii. **Standard Day Method / Balanced Counseling Strategy Step Down training.** As done in Kano, FP services was strengthened by training 20 midwives on the use of BCS counseling cards during clients' counseling and to counsel women on SDM.
- iii. **Renovation of facilities** During the quarter approval was obtained for the renovation of 2 additional facilities – General Hospital Rimi and Comprehensive Health Centre Mai'Adua. (Letter is attached in the annex).

11. Participation in other project related activities

During the quarter, ACCESS participated in the following project related activities:

- i. **Launching of the Nigeria Situation Analysis Study for Newborns by the First Lady** - During the quarter the printed situation analysis and action plan for newborn health which ACCESS supported the FMOH to write was launched by her Excellency Hajiya Turai Musa Yar'Adua. This took place at the State House in a 2-day meeting organized by the UNFPA for Governor's wives.

- ii. **Mother's Night** - During the quarter, a mother's night event was held in Abuja. This was sequel to a commitment made by Senator Iyabo Obasanjo, Chairman of the Senate Committee on Health to raise awareness nationally in the public and private sectors about the need to work towards reducing maternal and newborn mortality in Nigeria. The Senate Committee on Health mobilized the resources for the hosting of the event. ACCESS supported the participation of some of its CMT/CCG members from its 3 States as well as that a



ACCESS Display Stand at the Mothers' Night

- mother of twins and her husband to testify of how the Tallafin MMD (Mothers' Savings Clubs) helped her to access funds to seek care for her sick twins.
- iii. **Stakeholders Meeting to Review a Report on the National Response to Adolescent & Young Peoples Sexual and Reproductive Health in Nigeria** – During the quarter the ACCESS Senior Program Manager attended a meeting organized by FMOH in collaboration with Action Health Incorporated (AHI). A consultant had been commissioned to carry out an independent assessment of the national response to Adolescent and Young people's sexual and reproductive health in Nigeria. She presented her report and stakeholders made input into it. Following her desk review plans are underway to carry out a field exercise.

- iv. **PMNCH NGO Meeting** During the quarter, ACCESS, with funding from the Global Partnership on MNCH (PMNCH), organized a 2-day meeting on the role of NGOs in the implementation of the FMOH's IMNCH strategy. This meeting was well attended with the Honorable Minister of Health, Chairman of the Senate Committee on Health (Dr Iyabo Obasanjo-Bello), Mrs Toyin Saraki, First lady of Kwara State



The Honourable Minister of Health giving the keynote address at the NGO workshop organized by ACCESS

and various international and local stakeholders. At the end of the meeting, a communiqué was written by the participants.

- v. **Safe Motherhood Day Celebrations** – During the quarter ACCESS attended meetings organized by the FMOH on the 2009 Safe Motherhood day. The National Safe motherhood Day celebration is an annual event marked on the 22nd of May every year with the motive of creating awareness aimed at increasing facility based deliveries (institutional deliveries) so as to prevent maternal deaths. A Solidarity Walk for Life which took place was done to commemorate women who lost their lives during childbirth. The goal of the walk was to create awareness and to sensitize the public that maternal mortality is preventable and can be reduced to the barest minimum. The theme was **Skilled Birth Delivery, a MUST for every Mother** and the slogan: **Recruits, Deploy, Retain and Support Doctors and Midwives**.



Participants during the Solidarity Walk for Life

- vi. **Global Health Council Meeting** – During the quarter, the ACCESS COP and the Senior Program Manager attended the 2009 International Conference on Global Health with the theme “*New Technologies + Proven Strategies = Healthy Communities*”. The ACCESS COP made 2 presentations at the meeting.

12. FP policy and legislative procedures activities

During the quarter, the ACCESS FP coordinators continued to supervise FP activities in all ACCESS supported facilities to ensure that there were no violations of the FP policy and legislative procedures.

III. CHALLENGES AND OPPORTUNITIES

1. The issue of staff transfers in ACCESS supported facilities still remains a challenge despite the fact that ACCESS had an agreement with the SMOH and LGA Chairmen not to post out trained staff for at least 2-3 years. This has necessitated the training of newly posted staff and additional on-the-job training for those redeployed from other units in the health facilities. One of the adverse effects of these frequent transfers is in the area of record keeping and data quality. ACCESS has responded by training the new staff.
2. The sudden resignation of 2 Staff in the Zamfara State Office also posed a challenge to program implementation in the State during the quarter. A few activities had to be

shelved because of this. However with the employment of a new State Program Officer, program activities are back on track.

3. The hopes of getting more midwives into ACCESS supported facilities were yet again dashed, as the much anticipated Midwifery Service Scheme (MSS) did not take off as planned during this quarter. Our investigations revealed that the NPHCDA has been commissioned to implement the program and activities have started. ACCESS is looking forward to the posting of the midwives to its PHCs in the next quarter.

IV. ACTIVITY CHANGES

The ACCESS Project formally ended on 31st May 2009 while its successor program, MCHIP took off on June 1st 2009. This migration has been seamless without any adverse effect of the program.

V. SUCCESS STORIES

A testifier to ACCESS' Contribution to reduction of maternal mortality in his community –

- i. **Quote:** “Since the commencement of ACCESS Community Mobilization Programme in my village a year and a half ago, particularly with the introduction of the Community Core Groups, no single woman has died of pregnancy related problems. We have also experienced a significant reduction in neonatal deaths over the same period. One of the successes of the ACCESS CM Programme in my village is that it has raised community awareness about maternal and newborn health. Another aspect of the ACCESS CM program that need mention is the area of participatory involvement of Religious and traditional leaders in the roll out of the CM process”.



Name: Sani Musa

Name of Village: Nasarawan Bagadawa

LGA: Dawakin Tofa

VI. NEXT QUARTER RESULTS

During the next quarter, ACCESS will continue with step down trainings and the formation of Tallafi MMD clubs. The Project will also print its training manuals for both facility and community based activities. ACCESS will also train a fresh set of household counselors in the remaining LGAs. The CAC process as well as the

CMT/CCG model will also be spread to the new LGAs which currently do not have it.

ACCESS will finalize and print the performance standards for Family Planning to complement that of Emergency Obstetric and Newborn Care. ACCESS will orient more NYSC doctors, midwives and sociology graduates to its EmONC activities and provide training opportunities for NYSC doctors on EmONC. ACCESS will also conduct a three-week EmONC training for nurse/midwives and NYSC doctors. ACCESS will initiate KMC services in Katsina State and also conduct training on essential Newborn Care for health care providers in its supported facilities. As a result of need, a TOT on infection prevention will also be conducted. Furthermore, an update on obstetric anaesthetic is being planned.

In order to strengthen the State MOH and LGA oversight, ACCESS will implement joint supervisory visits by the trained supervisors and ACCESS field staff to its supported facilities. ACCESS will also complete the printing of materials such as NYSC Pocket EmONC Guide, supportive supervision manual, community mobilization training manual, FP posters and counseling cards.

ACCESS will renovate 6 more facilities and equip them with basic delivery equipment to ensure an increase in the quality of services rendered there.

Quarterly Report: Emergency Obstetric and Newborn Care in Kano, Katsina and Zamfara States

	This year target	This year actual	This quarter target	This quarter actual	Explanation for variance or why not reported during this quarter	Next quarter target	09.30.09 target
Project Objective: Increased utilization of quality Emergency Obstetric and Newborn Care (EmONC) services (including birth spacing) by pregnant women, mothers and their newborns at selected LGAs in two states, Kano and Zamfara.							
<i>Operational Plan Standardized indicator:</i> # of deliveries with a Skilled Birth attendant (SBA)	22,000	32,502	10,000	14,039	FY09 target for this indicator was set based on service provision in the initial 37 facilities. As a result of expansion, ACCESS is now supporting 48 facilities. Also the posting of midwives to some PHCs in Kano has led to the inclusion of their PHC deliveries in this indicator.	8,000	22,000
<i>Program Indicator:</i> % of births attended by Skilled Birth attendants (SBA)							
<i>Operational Plan Standardized indicator:</i> # of Antenatal Care (ANC) visits by skilled Providers from USG-assisted facilities	120,000	164,724	60,000	52,410	As stated above	50,000	120,00
<i>Program Indicator:</i> % of pregnant women who received at least four							

	This year target	This year actual	This quarter target	This quarter actual	Explanation for variance or why not reported during this quarter	Next quarter target	09.30.09 target
antenatal care visits							
<i>Operational Plan Standardized Indicator:</i> Number of postpartum/newborn visits within 3 days of birth in USG-assisted programs	25,000	23,995	6,500	9,771	The attained reported for this indicator includes both immediate postpartum visits and visits made to facilities within the first 3 days of deliveries	3,000	25,000
<i>Operational Plan indicator :</i> Couple-years of protection in USG-supported programs (CYP)	20,000	12,135	5,000	3,763	Stock-out of FP commodities was a major impediment to attaining the target for this indicator. In addition long lasting CYP methods are not really in use in the project areas.	5,000	20,000
<i>Program indicator:</i> % of caretakers seeking care from sick care providers for sick newborns							
<i>Program indicator:</i> % of postpartum women using contraception (including LAM) at 6 weeks postpartum							
Sub-I.R. 1: Improved quality of family planning methods in selected LGAs							

	This year target	This year actual	This quarter target	This quarter actual	Explanation for variance or why not reported during this quarter	Next quarter target	09.30.09 target
<i>Operational Plan Standardized</i> <i>Indicator:</i> # of USG-assisted service delivery points providing FP counseling or services.	40	48	1	1	All SDPs being supported by ACCESS are now providing FP counselling or services because of availability of trained providers.	0	40
<i>Operational Plan Standardized</i> <i>Indicator:</i> Number of people trained in FP/RH with USG-funds (disaggregated by gender)	500	348	150	199	More men were mobilized for training as male motivators by community core groups	200	500
<i>Operational Plan Standardized</i> <i>Indicator:</i> Number of people that have seen or heard a specific USG-supported FP/RH message							
<i>Operational Plan Standardized</i> <i>Indicator:</i> Number of counseling visits for family planning/Reproductive health as a result of USG assistance	60,000	37,870	15,000	11,042	The target for this indicator was set bearing in mind the introduction of household counsellors program in Katsina state. Household counsellors are yet to be selected, trained and	15,000	60,000

	This year target	This year actual	This quarter target	This quarter actual	Explanation for variance or why not reported during this quarter	Next quarter target	09.30.09 target
					deployed in the State. This will be done in the next quarter		
Sub-I.R. 2: Improved quality of EmONC services in selected LGAs							
<i>Operational Plan indicator:</i> # of health facilities rehabilitated	6	5	6	5	No significant difference between target and actual.	6	6
<i>Program Indicator:</i> # of health facilities using SBM-R approach for performance improvement	29	29	7 new	29	New facilities in Katsina are yet to be trained on the SBM-R approach. The total attained for the year is for facilities already trained for FY09.	7 new (Total 36)	36
<i>Operational Plan Standardized Indicator:</i> # of women receiving Active Management of the Third Stage of Labor (AMSTL) through USG-supported programs.	22,000	22,257	5,000	7,478	SBAs are now posted to some PHCs in Kano and have received training on AMSTL.	5,000	22,000
<i>Program Indicator:</i> % of women receiving Active Management of the Third Stage of Labor (AMSTL) through USG-supported programs.							
<i>Program Indicator:</i> # of births at ACCESS-supported facilities for which the partograph was used	22,000	13,368	5,500	4,412	<ul style="list-style-type: none"> Late presentati on for delivery was a 	5,500	22,000

	This year target	This year actual	This quarter target	This quarter actual	Explanation for variance or why not reported during this quarter	Next quarter target	09.30.09 target
					major problem to attaining target for this indicator <ul style="list-style-type: none"> Some of the SBAs complained of lack of partograph to monitor labour. In Zamfara State, the Commissioner of Health promised to reprint the maternity record booklets (which contains the partograph) for use in all facilities 		
Sub I.R. 3: Improved enabling environment for scale-up of EmONC best practices at national and state levels							
<i>Program Indicator :</i> Training curricula and strategy for pre-service midwifery education revised and implemented in Kano	2	1	0	0	This activity was deferred.	1	2

	This year target	This year actual	This quarter target	This quarter actual	Explanation for variance or why not reported during this quarter	Next quarter target	09.30.09 target
and Zamfara states							
Program Indicator : Operational performance standards for EmONC distributed in ACCESS-supported facilities.	600	436	150	132		300	600
Program Indicator : National KMC training manuals distributed in ACCESS-supported facilities	300	485	250	485		100	300
Sub-I.R. 4: Improved management of maternal and newborn services in selected LGAs							
Operational Plan Standardized Indicator: # of USG-assisted service delivery points experiencing stock-outs of specific tracer drugs ¹ .	12	18	15	18	Access to tracer drugs is a major constraint because ACCESS does not procure drugs and therefore has no control over availability of the drugs.	15	12
Operational Plan Standardized Indicator: # of newborns receiving essential newborn care through USG supported programs	20,000	21,396	7,000	6,892	No significance difference between target and attained for the quarter.	7,000	20,000
Sub-I.R. 5: Increased demand for maternal and newborn services in selected LGAs							
Common indicator: # of beneficiaries of community activities [C 20.10]	30,000	13,036	8,000	3,482	Community directed activities were hindered	8,000	30,000

¹ Tracer drugs selected are: Oxytocin, Hydrallazine, Diazepam, Ampiclox, Gentamicin, Metronidazole, Sulphadoxine-Pyrimethamine (SP), Iron/Folate tabs.

	This year target	This year actual	This quarter target	This quarter actual	Explanation for variance or why not reported during this quarter	Next quarter target	09.30.09 target
					during the reported period by series of public holidays.		
<i>Program Indicator:</i> # of community committees that have work plans that include activities to reduce maternal and newborn deaths	24 (This will be in addition existing 27 committees)	3 (There are 27 existing ones)	7	0	Stakeholders in Katsina are delaying the setting up of committees. The committees will be constituted as soon as the stakeholders are ready.	7	24 (This will be in addition to existing 27 committees)
<i>Program Indicator:</i> # of communities with plans that include emergency funds and/or a transport system for maternal and newborn complications	24 (This will be in addition to existing 27 committees)	3 (There are 27 existing ones)	7	0	New committees are yet to be constituted. ACCESS is still working with members of the communities to facilitate the process.	7	24 (This will be in addition to existing 27 committees)
Sub-I.R. 6: Improved availability of EmONC health workers in target/Selected LGAs							
<i>Common/Operational Plan Standardized indicator:</i> # of people trained in maternal/newborn health through USG-supported programs	600	139	150	19 (F=14; M=5)	Many trainings were postponed to next quarter	150	600
<i>Program Indicator:</i> Caesarean sections as a percentage of all births in USG-supported facilities	15%	5%	6%	5%	The proportion remains below	6%	15%

	This year target	This year actual	This quarter target	This quarter actual	Explanation for variance or why not reported during this quarter	Next quarter target	09.30.09 target
					expectations because of infrastructural challenges, staff shortage and continuing high prevalence of home deliveries.		

The information in this table is to be based on the IP's Mission-approved PMP and work plan, and should focus on whether targets were met, not met or have been exceeded during the reporting period. The table is designed to summarize in one convenient location the progress the IP has made. The table supports the narrative and in no way replaces it.

The IP should report on all of the targets in the PMP and work plan, as well as the Common Indicators it tracks for the Mission's Annual Report. Where reporting is not applicable or possible, the IP may enter "N/A" and explain why in the "Explanation for variance" column (e.g., this data is collected and reported on annually). Discrepancies between targets and actuals must be explained. Please report according to the USG financial year calendar: Q1 = Oct-Dec 2005, Q2 = Jan-Mar 2006, FY 2006, etc. The IP is expected to develop its own table, using a numbering system that is based on its PMP and work plan. Refer to the sample table below only as a guide.